



Wells Fargo Flex Benefit Services
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CONTINUAL REIMBURSEMENT REQUEST

☐ Initial Request ☐ Change Request ☐ Cancel Request

Company Name: _____

Participant Name: _____

Participant Address: _____

SS#: _____ Home Phone # _____ Work Phone # _____

If charges incurred are for a dependent, dependent(s) name:

_____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Payment Information:

(Incurred January 1 through December 31 of current plan year)

Fully Describe Nature of Expense

Total Amount

Total _____

Divided by number of months _____

Amount of monthly reimbursement _____

Participant Agreement:

I verify that the information listed above and the information attached is true and correct. **I understand that if any changes regarding the continual payments occur, Wells Fargo Flex Benefit Services must be notified immediately.** Failure to do so could result in additional taxes being applicable for which I would be responsible.

Signature Date

EXPENSES QUALIFYING FOR CONTINUAL REIMBURSEMENT

Day Care Services

When requesting continual reimbursement of day care expenses, the following information must be attached to the CONTINUAL REIMBURSEMENT REQUEST.

- A. A copy of the agreement between the provider of the services and the participant. The agreement must show the following:
 - 1. Actual Date (From and To) or Service*
 - 2. Name, address, and Tax ID or SSN of the provider
 - 3. Cost
 - 4. Dependent(s) name who received the care

*Only expenses incurred during the current year are eligible for reimbursement

- B. If no written agreement is available, a written statement from the provider with the information listed above may be submitted.

Note: Only services provided by day care facilities or a facility in which a written agreement exists between the participant and the provider may be set up on a continual reimbursement program. Claims for individuals providing services in the home must still be submitted on an ongoing claim basis.